#### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Pro se Notices of Participation Page 1 of 106

Participant must provide all of the information below in English:

1.		ontact information, including	email address, and that	of its counsel,
	if any:	/ / //		
Participant's N	ame:	Celaro Navario	Suakz	
Participant's A	ddress:	arto 1. A. 00728	Matille Calk	regento 5249
Participant's E	mail Address:	UIA.		
Name of Coun	sel:	WIA		
Address of Co	unsel:	NIA.		
Email Address	of Counsel:	MA.		
2.	Participant's C	Claim number and the nature of	of Participant's Claim:	
Claim Number	r:			
Nature of Clair	m: 5	<i>Kensions</i>		
By:	ruke naza	Sug		a wallen
Signati	are		400	4, 4
ber		ario Suakz	500	E C
Print N	lame		ANSER	RI AUG
N/	A		(E)	3 B
Title (i	f Participant is	not an individual)	3-19	B & /
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Participant must provide all of the information below in English:

Participant's contact information: 1 1: 1 11

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Carmen L. Digz Caraballo
Participant's Address:	5HIS Calle & Urb. Monte Brisas 5
Participant's Email Address:	Zwimen 440 Jahov. com
Name of Counsel:	-n/A
Address of Counsel:	n/A
Email Address of Counsel:	20/19
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	156054
Nature of Claim:	Empleados Publicos y gension finbilados
By: Corner L. Clis	Circhel
Carmen L. D Print Name	1/4z Caraballo 300 500 500 500 500 500 500 500 500 500
Timt Name	
Title (if Participant is a	not an individual)
8/10/2031 Date	

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 5 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name: Evelyn D/az	David
Participant's Address: HC-01 Box 38	395 Santa Isabel
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Par	ticipant's Claim:
Claim Number:	9
Nature of Claim:	NE - N -
By: Eurly Mia David Signature	E E
Evelyn Diaz David Print Name	AN JUA
Title (if Participant is not an individual)	N. P.R. S
Date Date	

Evelyn Diaz David 1C-01 Box 3895 Santa Isabel P.R 00757

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Ste. 150 San Juan P. R 00918 nited States District Court Ave carlos chardon office CLERK'S OFFICE 13.015TRICT COURT 19.14LL M&S



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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Pro se Notices of Participation Page 7 of 106

Participant must provide all of the information below in English:

1. Participant's if any:	contact information, including email addres	s, and that of its counsel,
Participant's Name:	Natividad Moreno	Sanche
Participant's Address:	He-01 Box 3895 San	to Tsohel UNICO
Participant's Email Address:		4 434001 0015
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Participant's	C1.
Claim Number:	S	Claim:
Nature of Claim:		
By:  Signature  Natividad M  Print Name  Title (if Participant is not be a gosto-	oreno Sanche >	RECEIVED & FILL  MINISTER 13 PM 3: 11  CLERK'S OFFICE SAN JUAN

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Natividad Moreno Sánchez HCOI Box 3895 Santa Isabel P.R. 00757

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United State District Court.
Clerck's Office
150 Ave. Carlos Chardon
Ste, 150, San Juan P.R. 00918

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Pro se Notices of Participation Page 9 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Nancy I. Gueits Acosta 9111 Comunidad Serrano, Juana Díaz PR 00795. Participant's Name: Participant's Address: Participant's Email Address: nqueits 07/1@gmail. Com Lic. Alberto Aresti Franceschini Name of Counsel: Suite 1109, Edif. Unión Plaza 416 Ave. ponce de León, Hato Rey, PR 00918 Tel. (787) 751-5740 Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. #26334 Salary Adjustment Nature of Claim: I. Gueits Acosta

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Title (if Participant is not an individual)

Juana Diaz, PR 00795-9409 9111 Comunidad Serrano Nancy Gueits Acosta

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San Juan, P.R. 00918-1767 Clerk's office 150 Ave. Carlos Chardon Ste. 150

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## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 11 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. have my claim # available Claim Number: Padiatric Hosp. Rio Nature of Claim: By: Signature Abdiel Perez Bios
Print Name Promesa Title III NO 17 BK 3283 LTS Title (if Participant is not an individual) August 11, 2021

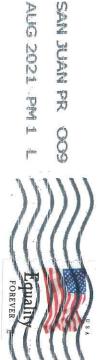
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San Juan P.R. 00918-1767

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## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 13 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: No. 17 BK 3283-LTS Title (if Participant is not an individual)

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00646-6913

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.	
Participant's Name:	CARMEN S. TORRES Rodz
Participant's Address:	Urb. Villa España OHILas Mercedes Bayamón PR
Participant's Email Address:	
Name of Counsel:	SEDE NO VE
Address of Counsel:	100 S
Email Address of Counsel:	- 100 G E
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	Pronesa Titulo (11 # 17 BK 3283-LTS (173474)
Nature of Claim:	Dept. Educ.
By: Jarmen S Signature	Torres for
	Torres Rodriguez
Print Name	1
Title (if Participant is	not an individual)
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Date	

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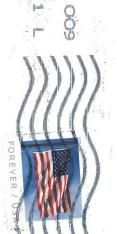
## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 17 of 106

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Maria C. Collaz	20 Santus
Participant's Address: Flanbuyan Gardens	to @ gmail.com
Participant's Email Address: mcristina CulazoSart	to @ gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of	Participant's Claim:
Claim Number:	
Nature of Claim:	A
By: Clara Collago Santos	RECUIVED  RECUIVED  RECUIVED  RECUIVED  RECUIVED
Maria C. Collazo Santos Print Name	
Title (if Participant is not an individual)	** ** ** ** ** ** ** ** ** ** ** ** **
Date	

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## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 19 of 106

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Hlfredo Perez Klas Urb. Golden Hills 1202	0/1	1/04	te
Participant's Address:  Dorado PR 00646	-//	- Car	_
Participant's Email Address: Alfrace Chotmail. com			_
Name of Counsel:			_
Address of Counsel:			_
Email Address of Counsel:			
2. Participant's Claim number and the nature of Participant's Claim:			
Claim Number: 156  Dublic Employee Puerto Rico E.	ler to	ical	<del></del>
Nature of Claim: Power Authority (PREPA)			_
By: Signature Service	L-W-2	270.3	A.S.
Alfredo Pérez Rias Print Name PROMESA TIFLE III	1 DUA 179	ECEIVED	**
No. 17 BK 3283 LTS  Title (if Participant is not an individual)	3 24 3	2	#21.
August 11, 2021	2	Ë	

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 21 of 106

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Noemaris A. Rios Jimenez
Participant's Address: Calle 9 N-22 Villas de Loiza, Canovanas-P. E00729
Participant's Email Address: ambor 58. nr@gmail.com
Name of Counsel: Name
Address of Counsel: NA
Email Address of Counsel: N A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 98769; 96262
Nature of Claim: Wages claim based on the laws 89 and 96 (2002)
By Maemains a Rives Juneary
Noemaris A. Rios Jimener  Print Name
Print Name
Title (if Participant is not an individual)  8/10/2021
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court and I I I I I I I I I I I I I I I I I I I

must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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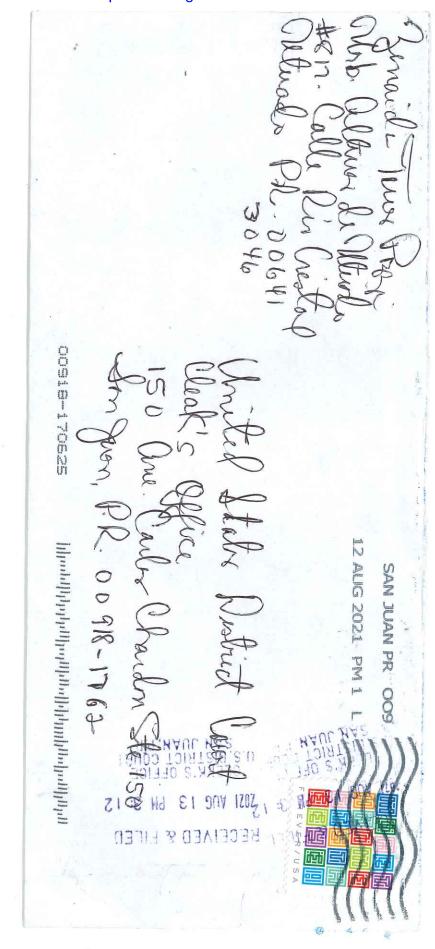
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Participant must provide all of the information below in English:

1. Participant's	contact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Zmarda Jewy Pozzi
Participant's Address:	Usb altera de Unalo #817, Mud
Participant's Email Address	: zentotres pozzi 182 gmail. com 304
Name of Counsel:	NA
Address of Counsel:	n /A
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	34618 - BK 3293-LTS
Nature of Claim:	Compronelath of Purto Rico
By: Marker Signature	The Popi
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Title (if Participant	is not an individual)
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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Pro se Notices of Participation Page 25 of 106

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Title (if Participant is not an individual)

Clerks Office,

150 Ave. Carlos Chardon Ste. 150 San Juan, P. R., 00918-1767

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## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 27 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	The second refer to the significant to the second refer to the significant to the second refer to the seco
Participant's Name:	Sylvia W Banzaler Torres
Participant's Address:	113 Vista Hermosa, Cidra, P. R. 00739
Participant's Email Address:	Salviagonzález 1944 a gmail. com
	No tengo
Address of Counsel:	
Email Address of Counsel:	/
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	175362
Nature of Claim:	Pension por ubilación D.S. y D. Educación
By: Signature	Gomaly Jour Emploadospa pilcos
Sylvia M.	Gonzaler Torres
Tulia =	2/202/(NO) \$ \$ \$ \$
Title (if Participant is	5/200 - ( )
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Date	To State of this Notice
Julio 31 Date	not an individual)    - 2021

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its coun	ısel,
if any:	
Participant's Name: Luis J. Limenez Wanso	_
Participant's Address: Calle 9 N-22 Villas de Loiza, Canovanas P	R0072
Participant's Email Address: gimenez 1175 @ gmail.com	
Name of Counsel:	
Address of Counsel: NA	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 45535; 55347  Nature of Claim: Wages Claim based on the laws 89 and	
Those Alayon hased on the RWS 89 AD	10/19/
Nature of Claim: Wages Gail Dased by 4110 1003 81110	1 96 (20)
By: Lis of Liners Monso	
By: Lis Mineres Monso	
By: Lis Mineres Monso	
By: Lis of Liners Monso	
By: Luis J. Limener Manso  Print Name  NA.	RECEIVED &
By: Luis J. Cimener Manso	RECEIVED &
By: Flis J. Limener Manso  Signature  Luis J. Cimener Manso  Print Name  NA.  Title (if Participant is not an individual)  8   10   2021	RECEIVED
By: Fluis J. Limener Manso  Signature  Luis J. Cimener Manso  Print Name  NA.  Title (if Participant is not an individual)	RECEIVED & FIL
By: Flis J. Limener Manso  Signature  Luis J. Cimener Manso  Print Name  NA.  Title (if Participant is not an individual)  8   10   2021	OTICE OF THE STATE

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 31 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	-1 . 0 -			
Participant's Name:	Edwin Pere-	2 Kosado	.5	
Participant's Address:	Hc 7 Box 763			0068
Participant's Email Address	s: tomasa Rosado 2	57@gwa?L.	Low	
Name of Counsel:				Ē
Address of Counsel:				<u>.</u>
Email Address of Counsel:				_
2. Participant's	S Claim number and the nature	e of Participant's Claim		
Claim Number:	# 169739		٨	- 1
Nature of Claim:	Debts (lain	ed Department	rottlyrie	attuk
By: Libris Kg	There			
Signature			care research ext. s. s.	v
Edwin	Perez Mosaro		C 28	
Print Name		S A	AECEIV	
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Title (if Participant	is not an individual)	> > ×		
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Date			5	
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SAN SEBASTIAN, PR 00685 HC 7 BOX 76341 EDWIN PEREZ ROSADO

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UNITED STATE DISTRICT COURT, CLERK'S NOTICE TO THE COURT'S CLERK'S OFFICE AT:

150 AVE. CARLOS CHARDON STE. 150,

OFFICE

SAN JUAN, PR 00918-1767

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#### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 33 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

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## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 35 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
articipant's Name: Maria de las Appelos Nogran Rodriguez	
articipant's Address: Use AK-12 Urb Intergnovice na, Talto P. Roog 79	
articipant's Email Address: manghegron 200 gmail.com	
ame of Counsel:	
ddress of Counsel:	
mail Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
laim Number: 15 72 08	
ature of Claim: Teachers Refirement System of the Common wood	th
y: Maria de Co 9 región ledrigas OF Parerto Rico Signature	
Maria de los A. Nogrón Rodriguez  Print Name  De control de Contro	
Title (if Participant is not an individual)	
August 2021 Date	

Trujillo Alto, PR 00976 Calle 26 AK-12 Urb. Interamericana María De los A. Negrón Rodríguez

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#### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Pro se Notices of Participation Page 37 of 106

Participant must provide all of the information below in English:

1. Participan if any:	t's contact information, including emai	l address, and that of its counsel,
Participant's Name:	Bethzaida (	parcia Serraps
Participant's Address:	P.D. Box 9021093	Say Sun PR 00902
Participant's Email Addre	1	3 agnail.con.
Name of Counsel:	SANTEN ASSES ARABINA	y h single
Address of Counsel:		
Email Address of Counse	el:	
2. Participant	t's Claim number and the nature of Part	cicipant's Claim:
Claim Number:	No. 17 BK 32	83-4+5
Nature of Claim:	retire Hent F	ension
By: Signature Beth 2 a. Print Name  Title (if Participant)	t is not an individual)	RECEIVED & FILED  2021 AUG 13 PN 3: 13  CLERK'S OFFICE COUNTY SAN JUAN, P.R.
Date	1 500	

Bethzaida Garcia Serrano P.O. Box 9021093

San Juan, P.R. 00902-1093

#126416

Court's Clerk's Office at:

United States District Court, Clerk's Office,

150 Ave. Chardon Ste. 150

San Juan, P.R. 00918-1767

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# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 39 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Abonio Harriswolez Mercado	in the
Participant's Address: Self of Conquertado T- Ath P.R. 009	76
Participant's Email Address: /ares 2644 gmail • com	
Name of Counsel:	
Address of Counsel:	in th
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 173848	_\
Nature of Claim: Salary Claim KAE 3007-43.99	803
By: Signature Security Feature	
Signature Signature	5
Print Name	
N/A = 30 F	7
Title (if Participant is not an individual)	
11 /2905/0/21	
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#### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 41 of 106

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: ArThur SamodoviTZ
Participant's Address: 120 Lasa Commons Circle #213, 5). Augus)
Participant's Email Address: Arthur Ssails @gmail.com PL 32084
Name of Counsel: <u>Self</u> , pro se
Address of Counsel: Same
Email Address of Counsel: Same
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: 89,60 CUSIP 74514 LE86 \$ 200,000 pmgps  By: Quilton 1990 1990 1990 1990 1990 1990 1990 199
A Mur Samodortte 745145 W21 Stopped ATS
Phint Name 08/10/20
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Title (if Participant is not an individual)
08/10/2021 SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
Date Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice w

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20 lasa Commons du #210
5. Negustus, Fl 32084
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# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 44 of 106

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,	
if any:	
Participant's Name: Locurdes H. Vializ Ferrer	
Participant's Address: F193 cable givasol Urb. Loizabley Canon	<b>)</b>
Participant's Email Address: Vializlourdes @ grail-com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 114927	
Nature of Claim: Persion Retiree Claims	
By: Cheeds & For	
Signature	
Signature  Lourdes H. Vializ Ferrer  Print Name	
Print Name	
<b>→</b>	
Title (if Participant is not an individual)	
August 12,2021	
Date	

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# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 46 of 106

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,	
Participant's Name: Kathleen Casillas Barreto	
Participant's Address: Urb. Las Vegas AA-16 Calle 8 Catano	
Participant's Email Address: Kekally 10 hotmail. Com P.R. 20163	
Name of Counsel: Derecho Propio	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 25193	
Nature of Claim: Pension/Retiree Claims  By: Kathleen Carillas Barreto	
Signature  Kathleen Casillas Barreto  Print Name	
Print Name	
Title (if Participant is not an individual)  9 Agosto 3  Date	

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# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 48 of 106

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Kathleen Casillas Barreto
Participant's Address: Calle 8 AA-16 Urb. Los Vegos (atano PR
Participant's Email Address: Kekally 1 Chotmail. Com
Name of Counsel: Derecho Propid
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 42126
Nature of Claim: , Public Employee Claims
By: Lathleen Cosillos Barreto
Signature
Kathleen Casillas Barreto
Print Name
Title (if Participant is not an individual)
Title (if Participant is not an individual) $\frac{9}{490570} \frac{3}{20} = \frac{3}{20$
Date
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# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 50 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		. 0		
Participant's Name:	Jarra del	C. Parrilla	Canal	es
Participant's Address: Come	hos Cantral	OSI ELT.	1- Apto	A-303
Participant's Email Address: 1	zminparille59	Rgmail.com		-
Name of Counsel:		\alpha\.		
Address of Counsel:		na		
Email Address of Counsel:				
Claim Number:  Employee  Nature of Claim:  By:  Signature  Maria del C. Pa  Print Name  Administrativ  Title (if Participant is no	e assistant an individual)		a new AUG 13 PM 3: 04	MONTO CENTED AND FILED CLERK'S OFFICE COURT
Date				

Pr 00918-1767



# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 52 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

II ally.					
Participant's Name:	JOSE E.	ATILES			
Participant's Address:	P.O. Box 3	62482, 5	ANTUAN, 1	PR 009!	36
Participant's Email Address:	JEATILES	@ BMAIL, C	-om		
Name of Counsel:	~				
Address of Counsel:	<u> </u>				
Email Address of Counsel:	_				
2. Participant's C	Claim number and	the nature of Par	rticipant's Claim	:	
Claim Number:	17 BK 328	33 - LTS	Angelon and St.		
Nature of Claim:		100			
By: Signature	las				U.S.
JOSÉ E. ATIL	£5	galas milita seen	age of a	AUG	BIST
Print Name	.,			w	RICI
					788
Title (if Participant is	not an individual)	=		3: 04	TRI
11 AUGUST 202	13				
Date					

3:04

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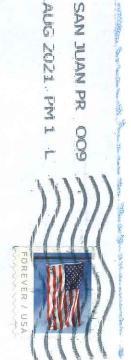
JOSE SANJUAN, P.R. DO936 0 0 Box 362482

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UNITED STATES DISTRICT COURT

CLERK'S OFFICE

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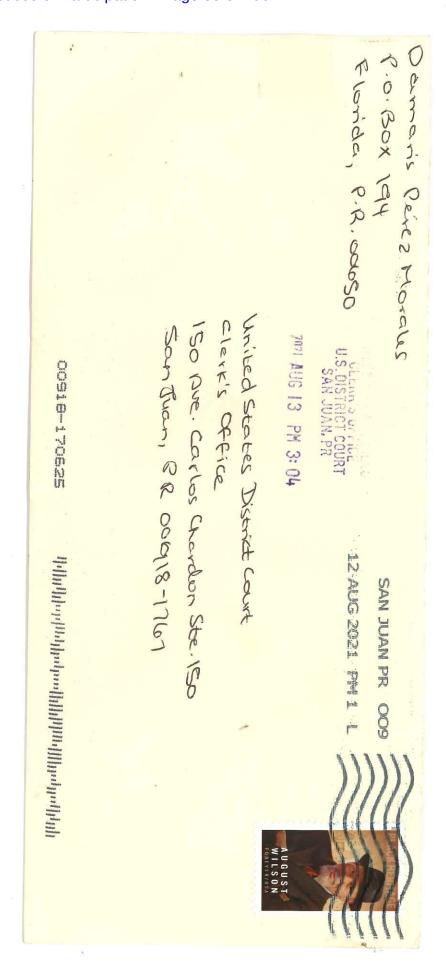
#### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 54 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Perez Morales Participant's Name: P.O. Box 194, Florida, P.R. 00650 Participant's Address: Participant's Email Address: d- Perez 7 @ hotmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Signature Print Name Title (if Participant is not an individual) 08/10/2021 Date



# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 56 of 106

Participant must provide all of the information below in English:

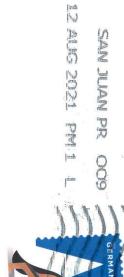
Participant's contact information, including email address, and that of its counsel,

1.

ii any:		
Participant's Name:	Yaliz M. Cestero Sontona	
Participant's Address:	calle 2018 JUDZZ Country Club	Carolina PRoog
Participant's Email Address:	ymaric 717 @ live.com	·
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	10 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Claim Number:	laim number and the nature of Participant's Claim:	
Nature of Claim:	tension Retiree Claims	
Print Name	estero Santana	U.S. DISTRICT SAN JUAN
Title (if Participant is a	The state of the s	PM N PRO
12 açosto :	202	S: OF SERVICE

Desc:

So One Carlo Chardon Ste. 150 Son Juan PR 00918-1767



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#### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 58 of 106

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii any.			
Participant's Name:	Luis A. Torres	Vidro	Estad
Participant's Address:	Urb. Extension San FF13 calle 12 Buzin	707 Sabana Grand	e, PR 00637
Participant's Email Address:	latorres 22 @ ya	thoo. com	
Name of Counsel:			
Address of Counsel:			101
Email Address of Counsel:	*	01.1	
2. Participant's C	Claim number and the nature	e of Participant's Claim	:
Claim Number:	33184	THE HAY OF LANC	RELECTIVE TO THE PERSON OF THE
Nature of Claim:  By: Lein John V  Signature  Print Name	Employees Retir	ement System o	Government of P
Title (if Participant is	not an individual)		3: O
12 agosto c	de 2021		nd 1 <sup>®</sup> ngia man

Saborer Grande, PC 00637 Extension San Jose 3

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San Juan, PR 00918-1767

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United States District Gurt Clerk's 150 Ave. Carlos Chardon Ste. 150 12 AUG 2021 PM 1

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# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 60 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

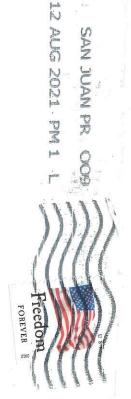
if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Print Name Title III Title (if Participant is not an individual) 11 2021

Urb-Golden Hills 1202 a/Marte Dorado P.R. 00646-6913

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> 150 Aug. Carlos Chardon Ste 15 San Juan. P.R 00918 1767



# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 62 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Lizette Santana Vazquez
Participant's Address: calle 2278 JWDZZ Country Club Carolina PR
Participant's Email Address: 15 andara @ policia pr. sov / Yalizceston Eyaho
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 26982
Nature of Claim: Pension Retiree Claims  By: Under Authorita  Signature  Lizette Santana Vazeur 2  Print Name
Title (if Participant is not an individual)  12 a go to 2021  Date

Country Olub Cawlen PR 10982 حدفس عاص

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Courts Clerk Unuted States Ulus Office 150 Our Centro Chardon Str. 150 Jan Juan PR 00918-1767



SAN JUAN PR

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Participant must provide all of the information below in English:

if any:	1
if any:	·1,
Participant's Name: Damaris Morgles Sanchez	
Participant's Address: Urb. Villas de Cambalache II 379 calle Gran Participant's Email Address: damaris m44@ amail. com Río G	adillo
Participant's Email Address: damaris m44@ amail.com	andef.K
Name of Counsel:	=
Address of Counsel:	<b>=</b> 2 245
Email Address of Counsel:	B
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number: 178   3283-LTS	
Nature of Claim:	
By: Signature Signature	
Damaris Morales Sanchez Print Name	
	SOU
Title (if Participant is not an individual)	ASSE
$\frac{11-agosto-2021}{Date}$	
istructions for Filing Notice of Participation: If you are represented by	3"5

Franadillo, Kío Grande P.R. 20795

PH 3: 04 United States District Gurt, Clerk's Office 150 Ave. Carlos Chardón Ste. 150

San Juan, P.R. 00918-1767

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# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 66 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Miguel A. Correa Figueroa
Participant's Address:	Miguel A. Correa Figueroa Po. Box 1976 Yabucon P.R. 0076
Participant's Email Address:	<u> </u>
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	Case No. 17-3283
Nature of Claim:	Puento Rrio, fromesa
By: Miguel. Signature	A Correo Figueroa
Miguel A. Co. Print Name	rrea Figuera San
	TRICO WILLIAM
Title (if Participant is	not an individual)
12 august	2021

Miguel & Connea P.O. Box 1974 Yabucoa, P.R. 00767

ucog, P.R. 00767

to. United States District Court Clerk's Clerk's office 150 Ave. Carlos Chardon Ste. 50, San Juan, P.R. 00918-1767 sales de la constante de la co



#### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 68 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Luis Manuel Colon Castro

Participant's Address:

HC 1 Box 4176, Yabucoa, PR.00767

Participant's Email Address:

Luis Colon Castro Abdress:

Participant's Email Address:

Luis Colon Castro

Participant's Claim Number:

Luis Manuel Colon Castro

HC 1 Box 4176, Yabucoa, PR.00767

Participant's Email Address:

Luis Colon Castro

Participant's Claim Income Inc

Title (if Participant is not an individual)

Date

Signature

Print Name

By:

1.

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Colon Costro

Jahuan, P. B. 00767 Luis M. Colon BOX 4176

PR 3: 04

United State Distric Court, Clerk K's Office

Mister Rogers

San Juan, P.R. 00918-1767

10 200 2001 TELL SAN BAN PROOP

The second secon

00919-170625

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aliy.	
Participant's Name:	Francisco J. Baco Sanchez
Participant's Address:	PU Box 6484, Mayener, PR 00681
Participant's Email Address:	lakings_ 88 @ not nail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Clai Claim Number:	im number and the nature of Participant's Claim:
Nature of Claim:	overthent of 9 80,000 in the employee's
By: Signature  Francisco J. Basco  Print Name	Sander Catvenest System bond S. DISTRICT COURT  Sander System bond S. DISTRICT COURT  System bon
Title (if Participant is not	t an individual)
Aug/11/20;	21

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San Juan, PR 00918-1767 50 Ave. Carlos Charden Ste. 150

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00918-170625

# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 72 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

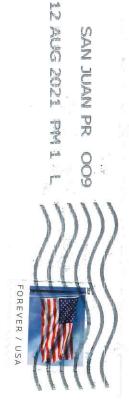
if any: Domingo Madera Ruiz Participant's Name: HC 03 BOX 15066 Lajas, P.A. 00667 Participant's Address: Participant's Email Address: maderadoningo @yahoo.com Commonwealth of Puerto Rico-Education Depart Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 91388 Claim Number: Nature of Claim: By: Title (if Participant is not an individual) 12 agosto 2021 Date

HC 03 BOX 15066 hajus, P.A. 00667

United States District Court

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Sometion in



El SAN III 150 Ave. Carlos Chardón Ste 150 Clerk's Office Jan Juan, P.S. 00918-1767

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Pro se Notices of Participation Page 74 of 106

Participant must provide all of the information below in English:

in Digital.
1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Eugenio Lomba Rodviguez  Participant's Address: Row Row 27 11 200
1 - 5 11441 (55).
Participant's Email Address: <u>eugenio lomba 010</u> @ Outlook com
Name of Counsel:  Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 54518
Nature of Claim: Former employment with appearance
By: Signature Signature (pension, benefits not paid and
Eugenio Lumba Roduinus
Print Name  Roduguez
Title Con
Title (if Participant is not an individual)
Date 0/// /2/
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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 76 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			v 6		
Participant's Name:	elena	Medina)	Len bu	ra	8
Participant's Address:	Powe ague	o Claris, P.O	Box 1	97 C	ish Ph
Participant's Email Address:	elenpr@	yahow Com			
Name of Counsel:	<u></u>				
Address of Counsel:					3
Email Address of Counsel:		lle.			
2. Participant's	Claim number and	the nature of Particip	oant's Claim	:	
Claim Number:	17Bt -	3283 - L	TS	200,400	
Nature of Claim:	Promes	a title	TIT		
By: Denoted				B	SF
Signature	T x				SPE
llenapled	ina Ventur	_			北の表音
Print Name		*		0.00	2700
					ROBE
Title (if Participant is	s not an individual	)		3: 06	ane.
12 agosto Date	7031			9	Tribe

P.O. Box 197 Cuiba, P.N. 00735.

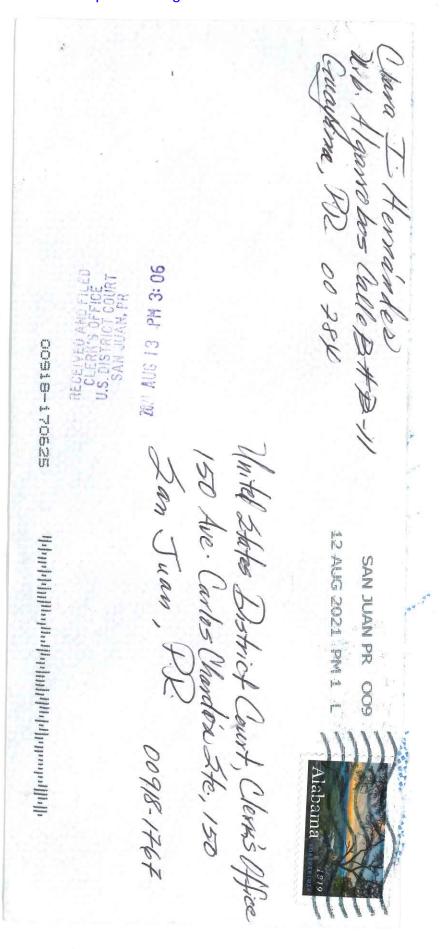
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San Juan, P.N. 20918-1767. to the Count's

### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 78 of 106

Participant must provide all of the information below in English:

	ontact information, including email address, and that	of its counsel,
if any:		10
Participant's Name:	Clara I. Hernander.	
Participant's Address:	Urb. Algerrobos Calle B #	+ B-11 Guayar
Participant's Email Address:	Koala 2705 @ hot mail-com (	de mi ) F.K. 00%
Name of Counsel:	N./A.	
Address of Counsel:	N-14.	
Email Address of Counsel:	N.14.	
2. Participant's C	laim number and the nature of Participant's Claim:	
Claim Number:	82086	
Nature of Claim:	Ley 89	
By: Chara	Q: Alernande	
Signature		8 6 3
Clara I	Hernandez)	AU S. D.
Print Name	ivada	
maestrande	el De pto Educación	S OFF
Title (if Participant is	not an individual)	T COC
11/1005	6/21	06 R
Date		



### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 80 of 106

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		011	· A 1	
Participant's Name:	Iraida E.	Colon	Agosto	2
Participant's Address:	Hc-5 Box	11395,	CorozalP	K.00783
Participant's Email Address:	Iraida E. Hc-5 Box iraidaesthera	colonago	sto@gm	ail.com
Name of Counsel:				
Address of Counsel:				- 10
Email Address of Counsel:	the state of the s	ni-sc		
Claim Number:  Nature of Claim:  By:	116320		Victoria de la composición dela composición de la composición dela composición de la composición dela composición dela composición dela composición de la composición del composición del composición dela composición del composición dela composición del composición del composición del composición dela composición dela composición dela composición dela composición dela composición dela comp	U.S.C.
Signature  Iraida E. Colon	Agosto			6 A9575 3 CR
Print Name	3			3 ROS
Title (if Participant is				95 ATT
12 agosto.	2021			

Iraida E. Colón Agos-Hc-5, Box 11395 Corozal P.R. 00783

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Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767

United States District Court

## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 82 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Liza I off Rtinez	Crespo
Participant's Address:		aguard P. R. 00602
Participant's Email Address:	Miza 494 a g mail. Co	m
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Participant's Clai	m:
Claim Number:	7288	
Nature of Claim:  By: Now Mules Signature	Coloro dinero adendado  La Crespo  MA Rtinez Crespo	
Print Name	MARtinez Crespo	U.S. DIS
Mr. M. L. H.	*	3
Title (if Participant is	not an individual)	PA POS
Date Agost	de 2021	3: OS

Liza I. Martinez Crespo 19 Calle Mirader Aguada, P.R. 00602

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San Juan, P.R. 00918-1767 150 Ave. Carlos Chardon Ste. 150 United States Distric Court dorck office

### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 84 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Carmen I. Rivera de Peña Participant's Name: P.O. Box 824 June03, PR. 00777-0824 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 110775 Claim Number: Nature of Claim: Signature Print Name Title (if Participant is not an individual) August 12, 2021

Carmen I. Kivera detena P.D. Box 824 Juncos, PR. 20777-2824

SAN JUAN PR 009

SDIEND EI DAN 150 Ave. Cowlos Chardon Ste. 150 Jan Juan, P.R. 00918. 1767 Court clert's C

00918-170625

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.			
Participant's Name:			
Participant's Address:	,		
Participant's Email Address:			
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:	U		
2. Participant's C	Claim number and the nature of Participant's C	Claim:	
Claim Number:	115904		
Nature of Claim:	Public Employee		
By: Maria M J Signature	Public Employee éps Corcino ez Corcino	Lower A	C
Maria M. Lope Print Name	ez Corcino	AUG 13	S. DISTR
Title (if Participant is	not an individual)	P 3	OFFICE JAN, PR
agosto 12-2		05	7

June05, RR 00777 Maria H Lopez Corcino

SAN JUAN PR

United States District Court, Clerk's Office, 150 Are. Carlos Chardon Ste. 150, San Juan, PR 100918-1767

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## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 88 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Bienvenido Abren Vega
Participant's Address:	He 02 Box 8634 Yaburoa, P.R.00767
Participant's Email Address:	
Name of Counsel:	N/H
Address of Counsel:	NIA
Email Address of Counsel:	NIA
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	No: 172827
Nature of Claim:	Employees Retirement System of the Government
By: Bremand &	of Herento Rico. Case Number: 17 BK-3566
Signature	The state of the s
Lienvendo	6 Abree Vege Plan Discovery
Print Name	S. S. C. C.
NA	G ANGEN
Title (if Participant is	not an individual)
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Bienvenido Abrevlusa Acor Box 8634 Yusucoa Pir corer

U.S. DISTRICT COURT.

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# Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 90 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Bienvenido Abrey Vega
Participant's Address: Hc 02 Box 8634 Yabucoa PR00767
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No: 172827
Nature of Claim: Employees Retirement System of the Go
Nature of Claim: Employees Retirement System of the Go  By: Been BRILL ment of Puerto Bice LTS  Case # 17 BK-3566
Print Name Plan Discovery 500
G AZZ
Title (if Participant is not an individual)
Date 2021
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice
of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re
Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing
system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's
Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.
VILLEY, LAWARY CHILD CHARACTER OF LOCAL CONTRACT LIFE COAL ALOCAL

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 92 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: ADAIRNA GARCIA Participant's Name: Participant's Address: Participant's Email Address: adaimag @ Lotmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Employee and Pension/Retiree Claims Nature of Claim: By: APA IRMA GARCIA PEREZ Title (if Participant is not an individual) ugust 12, 2021

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## Case<u>:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc:</u> Pro se Notices of Participation Page 94 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Kafaela González Torres Participant's Name: Martelo Buzón 22 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual) Date

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Prime Clerk LLC
Grand Central Station
PO Box 4708 New York, NY 10163-4708

LEGAL NOTICE ENCLOSED.

DIRECT ATTENTION OF THE ADDRESSEE OR

PRESIDENT / GENERAL COUNSEL

CONSTRUCTION NOTES

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HC 70 BOX 30557 PR 1845 SRF 55176 PACKID: 407516 MMLID: 1366730-P SVC: ADSHN-Q RAFAELA GONZALEZ TORRES

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Rafaela González Torres Buzón 22 Humacao, P.R. 00791 Ave Font Martelo

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Pro se Notices of Participation Page 97 of 106

Participant must provide all of the information below in English:

1. Participant's confidence if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Marilin Rivera Vargas
Participant's Address:	Urb. Ciudad Cristiana Calle Peni 289 Humaca
Participant's Email Address:	riveramarilin 4 @ gmail, com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283_LTS
Nature of Claim:  By:  Signature	o Voras
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Title (if Participant is r	ot an individual)
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## Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc: Pro se Notices of Participation Page 99 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Richard Rzadkowski Chec	ere
Participant's Address:	URb. Quintas de cupey A5 Calle 14	
Participant's Email Addr	ress: RRC10625& Yahou. Com	
Name of Counsel:	IVONE GONZALEZ Morales	
Address of Counsel:	EdiFicio Gallardo, San Juan, PR	20921
Email Address of Counse	sel:	n 1
2. Participan	nt's Claim number and the nature of Participant's Claim:	
Claim Number:	17BK 3283-LTS	
Nature of Claim:	Discovery For Codirmation of Con Plan of Adjustm	1 Mo Wealt
By: PUT	L' Plan of Adjustm	ent
Signature	Toronto.	-
Richard	Rzadkowski Chevere	S. C. S.
Print Name	क्र	AN
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Title (if Participa	ant is not an individual)	まる芸芸
_August	-11 2021	THE STATE
Date	- Co	

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 101 of 106

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Title (if Participant is not an individual)

Participant's Name:

Address of Counsel:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

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### Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc Pro se Notices of Participation Page 103 of 106

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United States District Court Clerk's Office

Notice to the Court's Clerk's office

Case:17-03283-LTS Doc#:17846-1 Filed:08/16/21 Entered:08/16/21 13:47:36 Desc:

Pro se Notices of Participation Page 105 of 106

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Zorajda Cortés AdorNO Participant's Name: P.O. Box 64, Trajillo Alto, PR 00977 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. PR HR27369[[CSA#42]4# Claim Number: Nature of Claim: \$ignature Print Name Title (if Participant is not an individual) Date

P.B. BOX 64, Trustlio Ah

Office, 150 Ave. Carlos charden ste. 150,

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